

2246

583

PLACE OF BIRTH
 County of Gila
 District of Maricopa
 Town of Yuma
 or
 City of _____ (No. _____ St. _____ Ward)

ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS 113 State Index No. _____
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 96
 Local Registrar's No. _____

FULL NAME OF CHILD Walter Vernon Dearing Born YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of Child <u>Male</u>	Twin, <u>Single</u> or other <u>X</u>	and	Number in order of birth <u>3</u>	Legitimate? <u>Yes</u>	Date of Birth <u>Feb 5</u> 191 <u>7</u> (Month) (Day) (Yr.)
FATHER Full Name <u>Virgil Dearing</u> Residence <u>Hayden Ariz</u> Color or Race <u>white</u> Age at last Birthday <u>34</u> (Years) Birthplace <u>Bethany Mo.</u> Occupation <u>Classifier</u>			MOTHER Full Maiden Name <u>Ella May Pepper</u> Residence <u>Hayden Ariz</u> Color or Race <u>white</u> Age at last Birthday <u>35</u> (Years) Birthplace <u>Green Valley Ill.</u> Occupation <u>Housewife</u>		

Number of child of this mother 3 Number of children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on Feb 5th 1917 at 7:30 a.m.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 (Signature) Charles H. Brown
 (Attending physician, midwife, householder.)
 Address Hayden
 Given or christian name added from a supplemental report _____ 191____
 Filed Feb 10 1917
 Filed Mar 16 1917 A True Copy
 COUNTY REGISTRAR. 647-205-979
 LOCAL REGISTRAR. R. S. Smith
 COUNTY REGISTRAR.